

Referrals
7/9/19

NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE

17

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 977 Event Name: Detroit 313 Birthday Celebration

Event Date : July 26, 2019

Street Closure: None

Organization Name: 8th Precinct & State Rep. Sherry Gay - Dagnago

Street Address: 21555 W. McNichols Detroit, MI 48219

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input checked="" type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> 24-Hour Liquor License			

Petition Communications (include date/time)

Festival held in commemoration of Detroit's Birthday from 8:30am - 3:00pm at Crowell Recreation Center.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8th Precinct will Provide Special Attention
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Juster

Date: 7-3-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, July 5, 2019

To: The Department or Commission Listed Below
From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

RECREATION DEPARTMENT MAYOR'S OFFICE
POLICE DEPARTMENT

977 *8th Precinct and State Rep. Sherry Gay-Dagnogo, request to hold "Detroit 313rd Birthday Celebration" at Crowell Recreation Center on July 26, 2019 from 8:30 a.m. to 3:30 p.m.*

7/26/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit ³¹⁸ Birthday Celebration
 Event Location: Crowell Recreation Center - Hope Park, 16630 Lahser Rd. Det, MI 48195

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: 8th Precinct and State Rep. Sheray Gay-Dagnogo
 Organization Mailing Address: 21555 W. McNichols Rd. Det, MI 48219
 Business Phone: (313)596-5800 Business Website:

Applicant Name: Toni Dunbar + Sst. Lisa Shade
 Business Phone: (313)596-5800 Cell Phone: (313) 452-8971 Email: Tdunbar@house.mi.gov + shade120@detmi.gov

Event On-Site Contact Person:

Name: Toni Dunbar
 Business Phone: Cell Phone: (313)452-8971 Email: Tdunbar@house.mi.gov

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

Projected Number of Attendees: 150-750

Please provide a brief description of your event:

This event is a celebration For Detroit Birthday, it is here to provide resource (health, education, etc), food and fun to Detroit Residents

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: July 26th Time: 6am Complete Set-up Date: July 26th Time: 8:00 a.m.
Event Start Date: July 26th Time: 8:30 am Event End Date: July 26th Time: 3:00 p.m.
Begin Tearing Down Date: July 26th, 2019 3:30 pm Complete Tear Down Date: July 26th, 2019 5:00 p.m.

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ

Will a sound system be used? Yes No
If yes, what type of sound system? Provided by Recreation/Parks

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe:

Will there be on-site ticket sales? Yes No
If yes, list price(s):

Will there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? Yes No
If yes, please list how many:

Will there be a charge for parking? Yes No
If yes, please describe the amount:

How will you advise attendees of parking options?

The recreation centre.

We have individuals sharing them parking areas at

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address: *8th Precinct*

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed Armed Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

2 20x40

Canopy (open on all sides)

Staging/Scaffolding Bandwagon /stage

Bleachers

Provided by Parks + Recreation

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **BARRICADES are not available from the City of Detroit.**

Will there be street closures? Yes No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

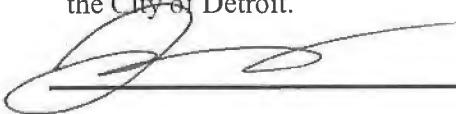
REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

7/3/2019

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Detroit 318 Birthday Celebration Event
Date: 7/26/2019

Event Organizer:

Toni Dunbar + Lisa Shadé

Applicant Signature:

7/3/2019

Celebrate Detroit!

#Det318



Join us for Detroit's 318th Birthday and a tribute to
Motown's 60th Anniversary

**WEDNESDAY
JULY 24
7AM START**

13 MILE RUN/WALK/BIKE

Spirit of Detroit Statue
Coleman A. Young Municipal Center
One Woodward Ave. • Detroit
to
House District 8 (Location TBD)

**FRIDAY
JULY 26
8:30AM - 3PM**

8:30-11AM BLIGHT REMOVAL
11AM-3PM CELEBRATION
CROWELL RECREATION CENTER
HOPE PARK
16630 LAHSER ROAD • DETROIT

Zumba on the Lawn, BINGO & Prizes,
Live Entertainment & Free Bar-B-Que Meal



FREE • OPEN TO ALL • FOR MORE INFORMATION CONTACT MY OFFICE

STATE REPRESENTATIVE
SHERRY GAY-DAGNOGO

(888) 347-8008

sherrygay-dagnogo@house.mi.gov



Sign up to receive my email updates at
gay-dagnogo.housedems.com

17

2019-07-05

977

*Petition of 8th Precinct and State
Rep. Sherry Gay-Dagnogo, request to
hold "Detroit 313rd Birthday
Celebration" at Crowell Recreation
Center on July 26, 2019 from 8:30
a.m. to 3:30 p.m.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

RECREATION DEPARTMENT MAYOR'S OFFICE
POLICE DEPARTMENT

(18)

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 979 Event Name: 110th NAACP National Convention

Event Date: July 20, 2019

Street Closure: None

Organization Name: Detroit Branch NAACP

Street Address: 8220 Second Ave Detroit, MI 48202

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input checked="" type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> 24-Hour Liquor License			

Petition Communications (include date/time)

The 110th Annual NAACP Convention will host a market in Spirit Plaza from 10:00am - 8:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Courtesy Crowd Control will Provide Private Security Services
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with First Response to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Fischer

Date: 7-3-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, July 5, 2019

To: The Department or Commission Listed Below
From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
RECREATION DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT BUSINESS LICENSE CENTER

979 *Detroit Branch NAACP, request to hold "110th NAACP National Convention" at Spirit Plaza on July 20 - 23, 2019 from 11:00 AM to 7:00 PM each day. Setup to begin 7-19-19 at 12:00 PM and tear down complete on 7-23-19.*

7/20/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 110th NAACP National Convention

Event Location: Spirit Plaza

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Branch NAACP

Organization Mailing Address: 8220 Second Ave. Detroit, MI 48202

Business Phone: (313) 871-2087

Business Website: www.detroitnaacp.org

Applicant Name: Kamilia Landrum

Business Phone: (313) 664-2410 Cell Phone: (313) 485-6016 Email: klandrum@detroitnaacp.org

Event On-Site Contact Person:

Name: Kamilia Landrum

Business Phone: (313) 664-2410 Cell Phone: (313) 871-2087 Email: klandrum@detroitnaacp.org

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input checked="" type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Other: _____

Projected Number of Attendees: 1000

Please provide a brief description of your event:

The Annual Convention of the Association shall establish policies and programs of action for the ensuing year. In Spirit Plaza we want to highlight Detroit based businesses and create a Shop Detroit Market for individuals attending the convention.

We also want to provide tennis courts in the plaza for those days for family friendly activity for residents in the park and convention attendees.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 07/19/2019 Time: 12:00PM Complete Set-up Date: 07/20/2019 Time: 8:00AM

Event Start Date: 07/20/2019 Time: 10:00AM Event End Date: 07/23/2019 Time: 8:00PM

Begin Tearing Down Date: 07/23/2019 Complete Tear Down Date: 07/23/2019

Event Times (If more than one day, give times for each day):
Event times each day are 11:00 AM - 7:00 PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: Spirit Plaza

Facilities to be used (Check) Street Facility

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

The event does not have any musical performances. We will have music played from a DJ.

Will a sound system be used? Yes No

If yes, what type of sound system? Small Speaker

Describe specific power needs for entertainment and/or music:

There are no specific power needs.

How many generators will be used? 1

How will the generators be fueled?

Gas

Name of vendor providing generators:

Contact Person: I'M BOUNCE ENTERTAINMENT

Address: 18926 W. McNICHOLS

Phone: (313) 534-5867

City/State/Zip DETROIT, MICHIGAN 48219

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe:

Will there be on-site ticket sales? Yes No
If yes, list price(s):

Will there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Retail items from Detroit based small vendors such as clothes and accessories and other hand made items.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Courtesy Crowd Control

Contact Person: Roy Muhammad

Address: 12311 Wade

Phone: 313-363-9826

City/State/Zip:
Detroit, MI 48213

Number of Private Security Personnel Hired Per Shift:
10

Are the private security personnel (check all that apply):

Licensed Armed Bonded

How will you advise attendees of parking options?
Most attendees will be walking from the Marriott to Cobo Hall.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
The event is not intended to negatively impact the community. The sound will be low not interfere with conversations or work in the park and no additional streets are being cut off.

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event:
We will distribute letters to security and building personnel to let them know the event will be happening.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	5	10x10
Tents (enclosed on 3 sides)	5	10x10
Canopy (open on all sides)	5	10x10
Staging/Scaffolding	0	
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: First Response EMS

Address: 21840 Wyoming

City/State/Zip: Oak Park, MI 48237

Name of company providing port-a-johns. Bobs Sanitation

Contact Person: Tiffany

Address: P.O. BOX 530845

Phone: (734) 421-1400

City/State/Zip: LIVONIA, MI 48153

Name of private catering company? No Private Catering will be used.

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **BARRICADES ARE NOT AVAILABLE FROM THE CITY OF DETROIT.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: N/A

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



06/22/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Shop Detroit Market Place **Event**
Date: July 20-24, 2019

Event Organizer:
Kamilia Landrum

Applicant Signature:
Kamilia Landrum
Date: 06/22/2019

2019-07-05

979

979
*Petition of Detroit Branch NAACP,
request to hold "110th NAACP
National Convention" at Spirit Plaza
on July 20 - 23, 2019 from 11:00 AM
to 7:00 PM each day. Setup to begin 7-
19-19 at 12:00 PM and tear down
complete on 7-23-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
RECREATION DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT BUSINESS LICENSE